

SERFF Tracking Number:	VANL-125983788	State:	Arkansas
Filing Company:	Vanliner Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-FOOO-03-2009-CROO		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	Arkansas Commercial Crime Form Filing		
Project Name/Number:	Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO		

## Filing at a Glance

Company: Vanliner Insurance Company

Product Name: Arkansas Commercial Crime Form Filing    SERFF Tr Num: VANL-125983788    State: Arkansas

Form Filing

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 26.0001 Commercial Burglary & Theft    Co Tr Num: AR-FOOO-03-2009-CROO

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Tina Kampwerth

Disposition Date: 01/12/2009

Date Submitted: 01/12/2009

Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (Renewal):  
03/01/2009

State Filing Description:

## General Information

Project Name: Arkansas Commercial Crime Form Filing

Project Number: AR-FOOO-03-2009-CROO

Reference Organization: independent

Reference Title: independent

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Commercial Crime Form Filing

Status of Filing in Domicile: Authorized

Domicile Status Comments: Approved as filed

Reference Number: independent

Advisory Org. Circular: independent

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: VANL-125983788 State: Arkansas  
Filing Company: Vanliner Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-FOOO-03-2009-CROO  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Arkansas Commercial Crime Form Filing  
Project Name/Number: Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO

Tina Kampwerth, Senior Compliance Tina\_Kampwerth@Vanliner.com  
Coordinator  
One Premier Drive (800) 325-3619 [Phone]  
St. Louis, MO 63026 (636) 305-4270[FAX]

**Filing Company Information**

Vanliner Insurance Company CoCode: 21172 State of Domicile: Arizona  
One Premier Drive Group Code: -99 Company Type:  
St Louis, MO 63026 Group Name: State ID Number:  
(636) 343-9889 ext. [Phone] FEIN Number: 86-0114294  
-----

*SERFF Tracking Number:* VANL-125983788 *State:* Arkansas  
*Filing Company:* Vanliner Insurance Company *State Tracking Number:* EFT \$50  
*Company Tracking Number:* AR-FOOO-03-2009-CROO  
*TOI:* 26.0 Burglary & Theft *Sub-TOI:* 26.0001 Commercial Burglary & Theft  
*Product Name:* Arkansas Commercial Crime Form Filing  
*Project Name/Number:* Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: AR Filing Fee = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Vanliner Insurance Company	\$50.00	01/12/2009	24945263

SERFF Tracking Number:	VANL-125983788	State:	Arkansas
Filing Company:	Vanliner Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-FOOO-03-2009-CROO		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	Arkansas Commercial Crime Form Filing		
Project Name/Number:	Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/12/2009	01/12/2009

<i>SERFF Tracking Number:</i>	<i>VANL-125983788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Vanliner Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-FOOO-03-2009-CROO</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>Arkansas Commercial Crime Form Filing</i>		
<i>Project Name/Number:</i>	<i>Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO</i>		

## Disposition

Disposition Date: 01/12/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>VANL-125983788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Vanliner Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-FOOO-03-2009-CROO</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>Arkansas Commercial Crime Form Filing</i>		
<i>Project Name/Number:</i>	<i>Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Arkansas Commercial Crime Cancellation/Nonrenewal Notice	Approved	Yes

SERFF Tracking Number:	VANL-125983788	State:	Arkansas
Filing Company:	Vanliner Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-FOOO-03-2009-CROO		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	Arkansas Commercial Crime Form Filing		
Project Name/Number:	Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Commercial Crime Cancellation/Nonrenewal Notice	AR CR 10 06	10 06	Other	New			AR CR 10 06.pdf

**NOTICE OF CANCELLATION/NONRENEWAL  
COMMERCIAL CRIME  
ARKANSAS**

**Policy Number:**

**Name and Address of Insured**

**Effective Date of Cancellation:** , 1 2:01 AM

**Date of Mailing:**

**Name and Address of Insurance Company**

Vanliner Insurance Company  
One Premier Drive  
St. Louis, MO 63026

**Name and Address of Agent/Broker**

We are notifying you in accordance with the terms and conditions of the listed policy, and in accordance with law, that your insurance will cease as of the hour and date listed above for the following reason(s):

- ☐ Non-payment of premium.
- ☐ Non-payment of audit.
- ☐ Non-payment of deductible.
- ☐ Cancellation – (type reason of cancellation)
- ☐ Non-Renewal
- ☐ Other

**Premium Adjustment**

A bill for unpaid premium earned to the time of the cancellation will be sent to you shortly.

**Additional Comments**

---

AUTHORIZED REPRESENTATIVE



<i>SERFF Tracking Number:</i>	<i>VANL-125983788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Vanliner Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-FOOO-03-2009-CROO</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>Arkansas Commercial Crime Form Filing</i>		
<i>Project Name/Number:</i>	<i>Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	VANL-125983788	State:	Arkansas
Filing Company:	Vanliner Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-FOOO-03-2009-CROO		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	Arkansas Commercial Crime Form Filing		
Project Name/Number:	Arkansas Commercial Crime Form Filing/AR-FOOO-03-2009-CROO		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/12/2009
-------------------------	--	-----------------------	----------	------------

### Comments:

### Attachments:

AR CR 10 06 filing forms.pdf

AR Form Ltr.pdf

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		Cancellation/Non Renewal Notice		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Cancellation/Non Renewal Notice	AR CR 10 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

# Property & Casualty Transmittal Document

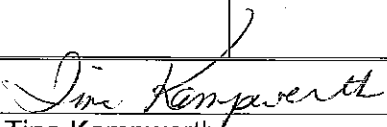
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Vanliner Insurance Company	MO	21172	86-0114294	24

<b>5. Company Tracking Number</b>	<b>AR CR 10 06</b>
-----------------------------------	--------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tina Kampwerth Vanliner Insurance Company One Premier Drive St. Louis, MO 63026	Product Manager	636-305-4793 800-325-3619 ext. 4609	636-305-4270	Tina_Kampwerth@Vanl iner.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tina Kampwerth		

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	26
10. Sub-Type of Insurance (Sub-TOI)	026.001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	AR CR 10 06
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03/01/2009   Renewal: 03/01/2009

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	01/12/2009
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR CR 10 06
------------	--	-------------

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Cancellation Form - Division 3 - Crime and Fidelity

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>  <b>Amount:</b> </div> <div style="margin-top: 100px;"> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



January 12, 2009

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Vanliner Insurance Company  
NAIC# 000-21172  
Federal I.D. #86-0114294  
Cancellation Form Filing  
Proposed Effective Date: March 1, 2009

Dear Honorable Benafield:

Vanliner Insurance Company is seeking approval on the above form to become effective on March 1, 2009. The supporting documentation is enclosed.

Should you have any questions or require additional information, please call me at 800-325-3619 extension 4609 or email me at [Tina\\_Kampwerth@Vanliner.com](mailto:Tina_Kampwerth@Vanliner.com).

Sincerely,

A handwritten signature in cursive script that reads 'Tina Kampwerth'.

Tina Kampwerth  
Product Manager

Enc.